N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS FOR MARGIN RESERVED

PLACE OF DEATH 2880	7 STATE OF MA	
County Trull	CERTIFICATE	. / /
	Registe	red No. /66
Village or City Orce (No	Buoloff St; War	[If death occorred a hospital or Institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE C	F DEATH
Fecual Whete Single, Married, Wildowsto, Write the word)	16 DATE OF DEATH (Month) 17 I HEREBY CERTIFY, That	1914 (Day) (Year)
S DATE OF BIRTH Oct 12, 1841 (Month) (Day) (Year)	that I last saw h alive on 220	, 191
7 AGE 11 LESS than t day, hrs. OR min.?	and that death occurred on the date stated The CAUSE OF DEATH* was as follows:	above, at 77 m
(a) Trade, profession, or particular kind of work	Heorphiae	AL
(b) General nature of industry, business, or establishment in which employed (or employer)	(Ouration)	/yrsds.
9 BIRTHPLACE (State or country)	(Secondary)	yrsds
10 NAME OF GOOGE Distar	(Signed) McAuya	M, D.
2 (State or country)	*State the DISEASE CAUSING DEATH, or,	In deaths from Violent
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 1 MAIDEN NAME OF MOTHER	CAUSES, state (1) MEANS OF INJURY; and TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS.	1 (2) whether Acciden-
13 BIRTHPLACE OF MOTHER (State or country)	At place to the of death yrs mos ds. State	yrs, ds.
(Informant) Lev E Best of MY KNOWLEDGE	Where was disease contracted, If not at place of death?	**************************************
(Address) Ooccoud mid	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Filed 3/26, 1914 Narland Johns REGISTRAR	20 UNDERTAKER	March 27, 1814 ADDRESS Pohl MM
If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto, Requesting V. R	No. 1.

[Approved by U. S. Census and American Fublic Health Association.]

"Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.). should be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second it should be used only when needed. ness of various pursuits can be known. The question CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," For persons

Statement of cause of death—Name, first, the disease causing meant (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinosis

childbirth or miscarriage. as "Purperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mails. such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convuisions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of ... cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acot-LENT DEATHS State MEANS OF INJUBY and qualify as ture of the American Medical Association.) scpsis, tctanus) injury, as fracture of skull, and consequences (e. g., The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of may be stated under the head of (name origin; "Can

If this certificate is looked over thoroughly and all questions answered in detail. It will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 3 1914
BUREAU. V.S.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very A PERMANENT RECORD UNFADING INK-THIS IS WRITE PLAINLY, WITH V. S. No. 1.

FOR BINDING

MARGIN RESERVED

	Gounty Garrett	STATE OF MARYLAND CERTIFICATE OF DEATH
	Village of City Selben Aart	Registered No.
1	2 FULL NAME Butha, Famil.	St; Ward) [if death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDIGAL CERTIFICATE OF DEATH
	Female Hut (State of the word) 4 COLOR OR RACE S BINGLE, MARRIED, WIDOWED, WIDOWED, ORDIVORCED (ORDIVORCED) (Write the word)	16 DATE OF DEATH Warch 12, 1914 (Month) (Day) (Year)
	6 DATE OF BIRTH Sclober 7, 1888 (Month) (Day) (Year)	march 12th, 1914, to march 13th, 1914, that I last saw here allow on march 13 th, 1914
	7 AGE If LESS than 1 day,	and that death occurred on the date stated above, at 6,29 alm, The CAUSE OF DEATH* was as follows:
	B OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in O	(Auration) we 15 hours
certificate.	which employed (or employer) Success the country or country) Barrett Co Sund	Contributory dutistical Puberculosis (Secondary)
or cert	10 NAME OF FATHER . C. Lint	(Signed) 2. 6. Nedrow, MD.
on Dack	OF FATHER (State or country) Pennsylvania	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL
Instructions	of MOTHER ulia. Turney 13 BIRTHPLACE OF MOTHER (State or country) Sommerant Co	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place
see inst	14 THE ABOVE TO THE BEST OF MY KNOWLEDGE (Informant)	of death of yrs. mos. ds. State of yrs. 5 mos. 7 ds. Where was disease contracted, at their factor of death? Former or
mportant.	(Address) Subystart 1974	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Manual Manua
E	Filed March 13", 1914 Druft Arush Sacal REGISTRAR	20 UNDERTAKER ADDRESS ADDRESS ADDRESS ADDRESS
	If more blanks are needed, address State Registrar, 6 F	Franklin St., Balto., Requesting V. S. No. 1.



[Approved by L. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illwho have no occupation whatever, write Nonc. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations galnfully employed, as At school or At home. duties of the household only (not paid Housekeepers Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. cases, especially in industrial employments, it is necmaterial worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinologies

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuli, and consequences (e. g., sepsis, tetanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichae-Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," tbenia," "Anaemia" (merely symptomatic), "Atrophy," nant neopiasms); Measles; Whooping cough; Chronio "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronio interstitial nephritis. oma. Sarcoma. etc., of ... is less definite; avoid use of "Tumor" for mailg-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing "Senile," etc.), may be stated under the head (Recommendations on statement of terminal conditions, such as "As-"Dropsy," "Exhaustion," __ (name origin; "Candeath), 29 ds.; Examples: For vio-



		state
		should is
	RECORD	PHYSICIANS of OCCUPAT
	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
	AINLY, WITH UNFADING I	-Every item of information should be carefully supplied CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.
	WRITE PL	item of inform E OF DEATH is ant. See instru
V . 55. 270. L.		N. B.—Every CAUSI Import

υż

/	1 PLACE OF DEATH 2882	STATE OF MARYLAND CERTIFICATE OF DEATH
Co	unty Janutt	Registration Dist. No. 168
Vil	Page or City Jungel (No	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 8	A COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDINORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
6 D	ATE OF BIRTH Dec 22, 1915 (Month) (Day (Year)	that I last saw h / 22 alive on July 20 Th 1914
TA	(2002)	and that death occurred on the date stated above, at Am The CAUSE OF DEATH* was as follows:
(a) pa (b) bus	CCUPATION Trade, profession, or rfilcular kind of work	(Ouration) yrs mos / O ds
	RTHPLACE (State or country) Gameth Co Md	Contributory Secondary
PARENTS	11 BIRTHPLACE OF FATHER (State of country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER 12 MAIDEN NAME OF MOTHER OF MOTHER TO	(Signed)
14 T	13 BIRTHPLACE OF MOTHER (State or country) HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) WALL Brown.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs, mos ds Where was disease contracted, If not at place of death? former or
16 File	(Address) Treesel Alle Registrar If more blanks are needed address State Registrar	Justial residence. 19 PLACE OF BURIAL OR REMOVAL Hard 20 UNDERTAKER Trouburg Frontlure undertaking Frontlurg March trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.
	are medicinal indicates in the Regis	trait, o 12. Frankfin St., Batto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not dutics of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the who have no occupation whatever, write None. cated thus: of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: But in many "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucisis of lungs, meninges, peritonacum, etc., Carcin-

LENT DEATHS State MEANS OF INJURY and qualify as nant neoplasms); Measles; Whooping cough; Chronic mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeete., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease eausing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and eonsequenees (e. g., dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report "Contributory." by carbolic acid-probably suicide. The nature of the is less definite; avoid use of "Tumor" for mallg-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of "Exhaustion," HOT VIO-



N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PEAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD V. S. No. 1.

BINDING

FOR

RESERVED

MARGIN

	1 PLACE OF DEATH 2883	STATE OF MARYLAND
ch	unty Janett	CERTIFICATE OF DEATH
1	BI '	Registered No. 163
Vi	liage of City Home Souls Cross	St; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
SE		18 DATE OF DEATH (Month) (Day) (Year) 17 M LHEREBY CERTIFY, That I attended deceased from
6 D A	TE OF BIRTH	Mah Bott 1914 to Mich Bott, 191
	(Month) (Day) (Year)	that I last saw halive on
TAG		and that death occurred on the date stated above, atm,
1	1 day, hrs. or	The CAUSE OF DEATH+ was as follows:
8 00	CUPATION	Droffer des from the these
(a)	Trade, profession, or	suffered & July Lengt aller.
	General nature of industry,	Mas affect Willes In fall
busi	ness, or establishment in	The (Ouration) yrs mos, ds.
	ch employed (or employer)	Contributory
(St	RTHPLACE ate or country)	(Secondary)
	10 NAME OF Hugh to get any histm	(Signed) (Si
NTS	11 BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from Violent
PAREN	12 MAIDEN NAME OF MOTHER	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE OF MOTHER (State or country)	At place 3 yrs. mos. ds, State yrs. mos. ds.
	(Informant)	Where was disease contracted, If not at place of death? Former or usual residence O not Auni, no large face
	(Address) It muy in , Wel	19 PUGCE OF BURIAL AR REMOVAL DATE OF BURIAL
16 Fil	ed,191	20 UNDERTAKER RODRESS
	REGISTAAR	Fredtocal - Co, (Turnent, U)?
	if more blanks are needed, address State Registrar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers Housewife, Housework, or At Home, and children, not fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciwho receive a definite salary), may be entered as mine, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, (b) If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," For persons The

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosts of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Purperal septichaeetc., when a definite disease can be ascertained as the LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mus," "Old Age," "Shock," "Uraemia," "Weakness," ample: Meastes (disease causing death), 29 ds.; "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronio interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of __ The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exbaustion," (Recommendations on statement of may be stated under the head of (name origin; "Can-Never report Examples: For vio-



PERMANENT FOR BINDING 4 UNFADING INK-THIS IS RESERVED WRITE PLAINLY, WITH MARGIN

V. S. No. 1.

RECORD

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state be DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. CAUSE OF I N. B.

ounty Sarrett 2

2884



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 165

Village or City Sang Run (No,	St;Ward) [If deeth occurred le
FULL NAME HOMES	D. Custer give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male White Single, Married Whowler, Words (Write the word)	(Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
TAGE 39 10 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	that I last saw h alive on
**Soccupation (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	Pheumatism (Duration) 4 yrs 3 mos. ds.
(State or country) Noyes, Md. 10 NAME OF FATHER Comanuel Custer 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 MAIDEN NAME OF MOTHER (State or country) 15 BIRTHPLACE OF MOTHER (State or country) 16 MOTHER (State or country) 17 MAIDEN NAME OF MOTHER (State or country) 18 BIRTHPLACE OF MOTHER (State or country)	*State the DISEASE CAUSING DEATH, Or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY: and (2) whether Accidental, SUICIDAL, Or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs. mos. ds.
(Informant) (Address) (Address)	Where was disease contracted, If not at place of death? Former or Usual residence. 19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER ADDRESS
Filed 401. 10, 1914 11. 00. Casule	Proness

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None. Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The questlon tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcis of lungs, meninges, peritonaeum, etc., Carcin-

RECETTED

valvular heart disease; Chronic interstitial nephritis, LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report oma Sarcona, etc., of......... (name origin; "Can-cer" is less denuite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tctanus) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," may be stated under the head (Recommendations on statement of The nature of the



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS FOR RESERVED MARGIN W. S. No. 1.

PLACE OF DEATH	STATE OF MAR	RYLAND
County Jarrett 2885	CERTIFICATE OF	F DEATH
Oddity wirman work to be both both both was		166
	Registere	d No. 1.4.0
Village or City District 10 (No.	St;Ward)	a nospital of illatitude
FULL NAME Hetty Mari	d Kitzmiller	give IIs NAME instea of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF	DEATH
SEX 4 COLOR OR RACE 6 SINGLE, MARRIED, MIDOWED, WIDOWED, WROWED, PROIVORCED	18 DATE OF DEATH March (Month)	19, 1914 (Day) (Year)
DATE OF BIRTH Washington	Mar S 191.4, to 19	
(Month) (Day) (Year)	that I last saw he alive on Mor	18 1912
7 AGE It LESS than		
.40	The GAUSE OF DEATH* was as follows:	bove, atm
yrsds. ORmin. ?		12.
8 OCCUPATION (a) Trade, protession, or	mo water	Leule
particular kind of work Jours Wife	- A State of the first of the state of the s	· · · · · · · · · · · · · · · · · · ·
(b) General nature of industry, business, or eslablishment in	***************************************	*************
which employed (or employer)	(Doration)	yrsmos. 7.7.cs.
9 BIRTHPLACE (State or country) Maryland	(Secondary)	•••••••••••••
10 NAME OF Thomas / Harvey	(Signed) M. G. Huubu	egh N. D.
M 11 BIRTHPLACE	Mor 20, 1912/ (Address) Dex l	est ml
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in CAUSES, state (1) MEANS OF INJURY; and (deaths from VioLENT (2) whether Acciden-
OF MOTHER Suring Wilson	18 LENGTH OF RESIDENCE (FOR HOSPITALS IN	
13 BIRTHPLACE OF MOTHER (State or country) Mary land	At piace lo the ot death yrs mos ds, State	yrs ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, It not at piace of death?	
(Informant) Chras O Hitzmiller	Former or usual residence	700 6000 600 mm m 6 6 mm pool 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
My Daile	19	
(Address) Africani far 15	1.62 - 20	ATE OF BURIAL
3/2 NTP	White Church ?	Ler 21 , 191.4
Filed 1 10 11d Jones	14 12	DDRESS
REGISTRAR	1 d. , , and .	skland, me
II more Dianus are needed, address tate Registra	ar, 6 E. Franklin St., Balto., Requesting V. S. No.	1.

[Approved by U. S. Census and American Public Health
Association.]

fication, as Day laborer, Farm laborer, Laborer-Coal additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of Ill-Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indl-Women at home, who are engaged in the As examples: For persons (6)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosts of lungs, meninges, peritonacum, etc.. Carcin

childbirth or miscarriage. as "Purperal septichaeaffection need not be stated unless important: cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... cause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, If impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJUSY and qualify as which surgical operation was undertaken. mia," "Tuerperal peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras. genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measics (disease causing death), 29 de.; valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) The contributory Always qualify all diseases resulting from may be stated under the head (secondary or intercurrent) (name origin; "Can-State cause for For VIO-



CERTIFICATE OF DEATH SICIANS should occupation is Registered No. It death occurred in St:Ward) a hospital or institution. RECORD give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS PERMANENT 16 DATE OF DEATH 5 SINGLE, 4 COLOROR RACE MARRIED. 1916 WIDOWED. (Month) (Day) (Yesr) (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH 4 (Month) (Day) (Yesr) 7 AGE If LESS than and that death occurred on the date stated above, st 1 dayhrs. OR 7 8 OCCUPATION (e) Trade, profession, or particular kind of work Z (b) General neture of Industry. supplied. SERV business, or establishment in which employed (or employer) may certificate. BIRTHPLACE Contributory (Secondary) (State or country) that 10 NAME OF 80 5 11 BIRTHPLACE terms, (Address) ARENT OF FATHER (State or country) pinous *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-50 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. piain OF MOTHER Instructions Information 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE 5 At place OF MOTHER In the (State or country of deeth _____ yrs. ____ mos. ___ DEATH Stete _____ yrs, ____ mos. Where was diseese contracted. If not at piece of death?. jo Former or Item OF usual residence Important. Every It OR REMOVAL DATE OF BURIAL (Address) -----15 20 UNDERTA ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

1 PLACE OF DEATH

[Approved by U. S. Census and American Fublic Health Association.]

duties of the household only (not paid Housekecpers "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborerstatement. material worked on may form part of the second It should be used only when needed. As examples: Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the tion is very important, so that the relative healthfulwbo have no occupation whatever, write None. been changed or given up on account of the DISTABL (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, If the occupation bas Farmer or Planter, For persons "Foreman," -Coal

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc., Carcinosis of lungs, meninges, peritonacum, etc., Carcinosis

"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJUSY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal scptichacetc., when a definite disease can be ascertained as the "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 de.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of _______ (name origin; "Cancer" is less definite; avoid use of "Tumor" for mails. cause of death approved by Committee on Nomenclawhich surgical operation was undertaken. ture of the American Medical Association.) The contributory "Old Age," "Shock," "Uraemla," "Weakness," Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head of (secondary or intercurrent) State cause for



STATE OF MARYLAND CERTIFICATE OF DEATH shoul CUPATION Registered No fif death occurred inWard) a hospital or institution, RECORD give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH STATISTICAL PARTICULARS ERMANENT 16 DATE OF DEATH COLOR OR RACE MARRIED. WIDOWED, Write the word) (Day) I HEREBY CERTIFY, That I attended deceased from (Month) (Day) (Year) TAGE It LESS than 1 day hrs. The CAUSE OF DEATH * was as follows: OR 7 (a) Trade, protession, or particular kind of work (b) General nature of industry, business, or establishment in may which employed (or employer) -----9 BIRTHPLACE (Secondary certifical (State or country) that 10 NAME OF FATHER 9 bsck 11 BIRTHPLACE ARENT OF FATHER (State or country) pinous *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain OF MOTHER Instructions information 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE 5 At place OF MOTHER (State or country in the of death yrs. mos. .. DEATH State _____ yrs. ___ mos. Where was disease contracted, Sec if not at place of death? 50 Former or OF Every item CAUSE OF Important. item usual residence DATE OF BURIAL 15 ADDRESS B REGISTRAR Carlage If more blanks are needed, address State Registrar, 6. E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation bas of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. statement. essary to know For many occupations a single word or term on the tion is very important, so that the relative healthfulbeen changed or given up on account of the bishash (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, (a) the kind of work and also (b) Farmer or Planter, For persons "Foreman," -Coal

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Crcbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Tneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Tuerperal peritonitis," etc. childbirth or miscarriage, as "Puerperal scottchae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras. genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. ampie: Measles (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) State cause for Never report For VIO



Very CERTIFICATE OF DEATH ahouid Registered No It death occorred in St:Ward) a hospital or lostitution. RECORD give its NAME lostead of street and comber.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS PERMANENT 16 DATE OF DEATH S SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED, (Write the word) (Day TAGE If LESS than and that death occurred on the date stated above, at 10.30 Cm. 1 day,....hrs. The CAUSE OF DEATH* was as follows: OR ? BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry. business, or establishment in UNFADING which amployed (or employer) ----certificate BIRTHPLACE (Secondary (State or country) 0 10 NAME OF FATHER 50 OF FATHER (State or country) ARENTS *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT Causes, state (1) Means of Injury; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain OF MOTHER Instructiona information 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECERT RESIDENTS 13 BIRTHPLACE 5 At place OF MOTHER (State or country in the of death DEATH _____ yrs. mos. State _____ yrs, ____ mos. Where was disease contracted. See It not at Blace of death? Jo OF Item CAUSE OF Important. usual residence DATE OF BURIAL 15 20 UNDENTAKER ADDRESS If more blanks are needed, address State Registrar, 8 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

1 PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciessary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative bealthfulcated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the who have no occupation whatever, write None. Scrvant, Cook, Housemaid, etc. who receive a definite salary), may be entered as mine, etc. (a) Spinner, been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the (b) Cotton mill; (a) Salcsman, return "Laborer," If the occupation has Farmer or Planter, As examples: But in many For persons (4)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc... Carcin-

cause of death approved by Committee on Nomenclasepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. cblidbirth or miscarriage, as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Sbock," "Craemia," "Weakness, "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Collapse." "Coma," "Convulsions," "Debility" ("Contbenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. ample: Meastes (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Polsoned nant neoplasms); Measics; Whooping cough; Chronic oma. Sarcoma. etc., of _ is less definite; avoid use of "Tumor" for malig The contributory Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head of (secondary or intercurrent) (name origin; "Can-State cause for "Exhaustion, Never report



PHYSICIANS should of OCCUPATION IS RECORD statement PERSONAL AND STATISTICAL PARTICULARS PERMANENT EXACTLY. 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED, BINDING WIDOWED, (Write the word) classified. 4 (Month) (Day) (Year) 7 AGE IS If LESS than pinous FOR 1 day,hrs. INK-THIS OR 7 properly BOCCUPATION AGE (a) Trade, protession, or RESERVED particular kind of work supplied. (b) General nature of industry, business, or establishment in UNFADING which employed (or employer) ----certificate. 9 BIRTHPLACE Garefully that It (State or country) 10 NAME OF FATHER 0 0 MARGIN WITH of information should be OF FATHER (State or (ountry) PARENTS Instructions on back DEATH in piain terms. PLAINLY. 12 MAIDEN NAME 13 BIRTHPLACE OF MOTHER (State or country) WRITE BEST OF MY See (Informant). Item POF Every Item CAUSE OF Important. (Address 15 B. No. m REGISTRAP

PLACE OF DEATH

state Very

16 DATE

that I last

and that d

The CAUS

•State CAUSES,

TAL, SUI 18 LENGTI OR RECE

At place

of death

Where was d

If not at place Former or

usual residen

20 UNDER

(Signed).....

17 ma

STATE OF MARYLAND
CERTIFICATE OF DEATH
Registered No. 16
St; Ward) [It death occurred in a hospital or institution, give lis NAME instead of street and comber.]
MEDICAL CERTIFICATE OF DEATH
DATE OF DEATH March 14Th, 191.H. (Month) (Day) (Year)
March 10 TV, 191 4, text first 1, 191
t I last saw h An alive on March 10 TF , 1914
that death occurred on the date stated above, st. 9.00 fm.m.
CAUSE OF DEATH * was sa follows:
Marasmus
Contributory Very small delicate baby
ned) R. C. Bower , M. D. auch 15, 1914 (Address) Grantwille MI
*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT AUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.
LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, IR RECENT RESIDENTS) lace In the eath yrs, mos, ds. State yrs, mos, ds. re was disease contracted, or at place of death?
ner or al residence
are Ond. Date of Burial March Le., 1814
- Winterburg Grantwiller

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1,

[Approved by U. S. Census and American Public Health
Association.]

it should be used only when needed. As examples (a) Spinner, (b) Cotton mill; (a) Salesman, (b) cases, especially in industrial employments, it is nec-For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of liibeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the As examples: For persons

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-brospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

mus, such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as mia," "Tuerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Purrereal scotichac thenia," "Anaemia" (merely symptomatic), "Atrophy, affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis cause of death approved by Committee on Nomencia-*contributory." (Recommendations on statement injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicidc. dent; Revolver seound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which suffical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Collapse." "Coma," "Convuisions," "Debility" ("Conmere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. ampie: Measles nant neoplasms); Mcasles; Whooping cough; Chronic oma. Sarcoma. etc., of ture of the Americau Medical Association.) is less definite; avoid use of "Tumor" for mails: The contributory p10,, Always qualify all diseases resulting "Senile," etc.), Age," "Shock," "Uraemia," "Weakness, (Recommendations on statement of (disease causing (secondary or intercurrent) "Dropsy," "Exhaustion, (name origin; "Can The nature of the death), 29 Never report Examples: For viods. 10



ENT PERMAN O NIO

RECORD

STATE OF MARYLAND CERTIFICATE OF DEATH CCUPATION IS Registration Dist. No... St :.....Ward) a hospitat or Institution. give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 4 COLOR OR RACE MARRIED. WIDOWED, ORDIVORCED (Write the word) (Month) (Dav) I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 130 q m. 1 day, hrs. The CAUSE OF DEATH * was as follows: BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in may which employed (or employer) ... 9 BIRTHPLACE (State or country) Contributory..... 10 NAME OF 20 0 ARENTS 11 BIRTHPLACE (State or country) *State the DISEASE CAUSINO DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME plain OF MOTHER Instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE OF MOTHER (State or country) 2 At place of death yrs. mos. ds. State yrs. DEATH Where was disease contracted. if not at place of death? Jo CAUSE OF Important. S Former or usuai residence OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ż

Ilf death occurred in

PLACE OF DEATH

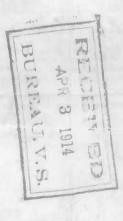
If more blanks are needed, address State Registrar, 6 B. Franklin St., Balto., Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

(a) Spinner, (b) Cotton mill; (a) Salcsman, (b) who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers cases, especially in industrial employments, it is nec-CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the nisease Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Forcman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing disease as a scepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinlosis of lungs, meninges, peritonaeum, etc.. Carcinlosis

cause of death approved by Committee on Nomenciainjury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Coliapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig ture of the American Medical Association.) "Contributory." Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of The contributory (secondary or intercurrent) tetanus) may be stated under the head of Aiways quality all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of etc. State cause for (name origin; "Can Examples: For VIO-



N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH is plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD FOR BINDING RESERVED MARGIN

S. No. 1.

/co	PLACE OF DEATH 2892 (59)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Vi	liage or City////////////////////////////////////	St; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	I same	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
7 AG	(Month) (Day) (Year)	that I last saw here alive on march 2/8 1914, and that death occurred on the date stated above, at 1/0 m.
(a) par (b) busi	yrs. 4 mos. 5 ds. OR min.? CCUPATION Trade, protession, or General nature of industry, ness, or establishment in ch employed (or employer)	The CAUSE OF DEATH* was as follows: Bronchels & meningitis (Ouration) yrs. mos. 30 ds.
	RTHPLACE ate or country) Country Mary Land	Contributory (Secondary) (Duration)yrsmos
ARENTS	11 BIRTHPLACE OF FATHER (State or country) Moundsville: Unit	(Signed)
PAR	13 BIRTHPLACE OF MOTHER (State or country) Smithton, Mag.	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
	Intermant,	Where was disoase contracted, If not at place of death? Former or usual rasidence.
15 Fil	(Address) 13 Miles Moled Morel, 23, 1914 A & Barrush REGISTRAN If more blanks are deeded, address State Regis trar, 6	19 PLACE OF BURIAL OR REMOVAL BLOOM region DATE OF BURIAL 20 UNDERTAKER Barrel & Kight The Franklin St. Balto Pagystelog V. S. No. 1
	is more blanks are nected, address state negls trat, o	Mid

[Approved by U. S. Censns and American Public Health Association.]

should be taken to report specifically the occupations "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; the nature of the husiness or industry; and therefore an who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, (b) If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman." If the occupation has For persons

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJUSY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Tuerperal scotichae cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Collapse." "Coma," thenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of . injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio--Reart failure," "Haemorrhage," "Inanition," "Maras-Bronchopncumonia (secondary), 10 ds. Never report nant neoplasms); Measles; Whooping cough; Chronic is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) "Old Age," "Shock." 'Uraemia," "Weakness," "Senile," etc.), (Recommendations on statement of may be stated under the head "Convulsions," "Debility" ("Con-"Dropsy," "Exhaustion," (name origin; "Candeath), 29 ds.: State cause for Examples: 01



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

N. B.—Every ltem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1.

60	1 PLACE OF DEATH 2893	STATE OF MARYLAND CERTIFICATE OF DEATH
1		Registration Dist. No.
V	*FULL NAME Mary. R Riley	St; Ward) [If death occurred is a hospital or institution give its NAME Instead of street and number.]
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	111All White Single, Married wipower, or private (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 D	ATE OF BIRTH Aftr 19, 18.4.6. (Month) (Day) (Year)	that I last saw here allve on 35 To have 1914
7 AC	## If LESS than t day,hrs. ORmin.?	and that death occurred on the date stated above, at would me The CAUSE OF DEATH* was as follows:
(a) par	CCUPATION Trade, profession, or House Work General nature of industry,	or heldaline I hise
busi whi	ness, or establishment in ch employed (or employer)	Contributory uluquelenes follows
(Si	Sarett maryland	(Duration) yrs. mos 29 ds
TS	11 BIRTHPLACE	(Signet) / 1914 (Address) (Address) (Address)
PARENTS	OFFATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER ACLALL ACTION 28	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
и.	13 BIRTHPLACE OF MOTHER (State or country) Garrell marylane	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the ot death
	(Informant) Grough De Miley Husband.	Where was disease contracted, it not at place of death? Former or usual residence
	(Address) Selby sport mol	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 Fil	ed April 18 1914 Whith Hause Enough REGISTRAR	20 UNDERTAKER ADDRESS ADDRESS
	If more blanks are needed, address State Regis tran	B. Franklin St., Balto., Requesting V. S. No. 1.

ongues

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as should he taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speci-CAUSING DEATH, state occupation at heginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-('oal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should he used only when needed. additional line is provided for the latter statement; the nature of the husiness or indust y; and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But In many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, Irrespective of age. who have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not minc, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer or Planter, As examples: For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"): Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unquallified, is Indefinite); Tuberculosis of lungs, meninges, periionaeum, etc.. Carcinosis of lungs, meninges, periionaeum, etc...

scpsis, tctanus) may be stated under the head such, if impossible to determine definitely. mia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage. as "Puerperal scptichaeetc., when a definite disease can be ascertained as the -Heart fallure," "Haemorrhage," "Inanitlon," "Marasgenital," ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. oma. Sarcoma. etc., of ... ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Collapse," "Coma," "Convulsions," "Dehility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) "Old Age," "Shock," Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of "Traemia," "Weakness," (name origin; "Can State cause for Examples:



No. 1.

V. S.

N. B.-

PHYSICIANS should state of OCCUPATION is very RECORD AGE should be stated EXACTLY. properly classified. Exact statement PERMANENT 4 UNFADING INK-THIS IS carefully supplied. important. See instructions on back of certificate. Every item of information should be o CAUSE OF DEATH in plain terms, so PLAINLY, WITH

1 PLACE OF DEATH

2894

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No			
Vil	12ge or City hen Park (No,	St.; Ward) [If death occurred to a hospital or lostitution, give its NAME instead of street and number.]	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3 51	Married, Widowed, Or	(Month) (Day (Year)	
6 D	(Month) (Day (Year) GE It LESS than 1 day hrs.	that I last saw h and alive on	
(a) par (b) bus whi	yrs D mos OR min. ? CCUPATION) Trade, profession, or ricular kind of work General nature of Industry, iness, or establishment in ch employed (or employer)	The CAUSE OF DEATH* was as follows:	
PARENTS	10 NAME OF FATHER Ill bankmale 11 BIRTHPLACE OF FATHER (State or country)	(Signed) (Signed) (Signed) (Address) (Address) (State the Disease Causing Death, or, in deaths from Violental, Suicidal, or Homicidal,	
	13 BIRTHPLACE OF MOTHER (State or country) Larrette (State)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) Af place In the of death yrs, mos ds. State yrs, mos ds.	
	(Address) Lea Park, Mal	Where was disease contracted, It not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL Mat. 3 , 191 20 UNDERTAKER ADDRESS	

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Consus and American Public Health Association.]

duties of the household only (not paid Housekeepers additional line is provided for the latter statement; the nature of the business or industry, and therefore an applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, "Manager," "Dealer," ctc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. cated thus: causing death, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) return "Laborer," If the occupation has Laborer-As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

nalvular heart disease; Chronic interstitial nephritis. nant neoplasms); Meastes; Whooping cough; Chronic cause. Always qualify all diseases resulting from oma, Sarcoma, etc., of...... (name orlgin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify us which surgical operation was undertaken. mia," "PUBRPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacctc., when a definite disease can be ascertalned as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. is less definite; avoid use of "Tumor" for mallg-The contributory (secondary or intercurrent) tctanus) may be stated under the head of (Recommendations on statement of death), 29 For vio-

